

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580231

FILING DATE

5-22-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2					
4	3					
5	4					
6	5					
7	6					
8	7					
9	8					
10	9					
11	10					
12	11					
13	12					
14	13					
15	14					
16	15					
17	16					
18	17					
19						
20	1		1			
21						
22	2					
23	3					
24	4					
25	5					
26	6					
27	7					
28	8					
29	9					
30	10					
31	11					
32	12					
33	13					
34	14					
35	15					
36	16					
37	17					
38	18					
39	19					
40	20					
41						
42	21					
43	22					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		3	17			
TOTAL DEP.		17				
TOTAL CLAIMS		20				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

